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Draft report

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Addendum

Implementation of the international drug control treaties

1. At its 10th and 11th meetings, on 13 March 2015, the Commission considered agenda item 6, which read as follows:

"Implementation of the international drug control treaties:

"(a) Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations;

"(b) Changes in the scope of control of substances;

"(c) International Narcotics Control Board;

"(d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;

"(e) Other matters arising from the international drug control treaties."

2. For its consideration of item 6, the Commission had before it the following:

(a) Note by the Secretariat on changes in the scope of control of substances (E/CN.7/2015/7 and Add.1);

(b) Note by the Secretariat on changes in the scope of control of substances: proposed scheduling recommendations initiated by the World Health Organization (E/CN.7/2015/8);

(c) Note by the Secretariat on a legal opinion from the Office of Legal Affairs (E/CN.7/2015/14);

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(d) *Report of the International Narcotics Control Board for 2014* (E/INCB/2014/1);

(e) *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2014 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/2014/4);

(f) *Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/2014/1);

(g) Report on the UNODC/WHO expert consultation on new psychoactive substances, Vienna, 9-11 December 2014 (E/CN.7/2015/CRP.2);

(h) Updated background paper prepared by the United Kingdom of Great Britain and Northern Ireland related to its notification submitted on 23 January 2015 to the Secretary-General on the review of the scope of control of mephedrone (E/CN.7/2015/CRP.3);

(i) Further information provided by China on the proposed scheduling of ketamine (E/CN.7/2015/CRP.5).

3. Introductory statements were made by the President of the International Narcotics Control Board and the Chief of the Laboratory and Scientific Section. An audiovisual presentation was made by a representative of the Prevention, Treatment and Rehabilitation Section of the Drug Prevention and Health Branch of UNODC.

4. A statement was made by the observer for Latvia (on behalf of the European Union and its member States, as well as Albania, Andorra, Armenia, Bosnia and Herzegovina, Iceland, Montenegro, Norway, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia, Turkey and Ukraine). Statements were made by the representatives of the United Kingdom, Canada, India, the Republic of Korea, Colombia, China, Thailand, the Netherlands, Italy, Germany, India, the United States of America, Iran (Islamic Republic of), the Russian Federation, Pakistan, the Republic of Korea, Australia, Indonesia, France, Nigeria, Egypt, the United Republic of Tanzania, Namibia, Japan, Belgium, Malaysia, Austria, Brazil, Turkey, Spain and Mexico.

5. Statements were made by observers for the Sudan and El Salvador.

6. Statements were also made by the observers for the World Health Organization (WHO), the International Chamber of Commerce and the Union for International Cancer Control.

A. Deliberations

1. Challenges and future work of the Commission on Narcotic Drugs and the World Health Organization in the review of substances for possible scheduling recommendations

7. The different patterns in the emergence and persistence of new psychoactive substances at the global level, the striking heterogeneity at the country level regarding the number and types of new psychoactive substances, and their

fast-changing characteristics continued to pose challenges to the evaluation and risk assessment of substances for possible scheduling recommendations. By December 2014, more than 540 new psychoactive substances in 95 countries and territories had been reported to UNODC by Member States. It was recognized that it was not feasible and probably not necessary to address all such substances at the same time and that there was a need to prioritize the most harmful, persistent and prevalent substances for control under the international drug control conventions, where that would not adversely affect their availability or medical use.

8. A number of speakers welcomed the outcome of the UNODC/WHO expert consultation on new psychoactive substances, held from 9 to 11 December 2014, in particular the strategy to prioritize substances for evaluation by the Expert Committee on Drug Dependence based on prevalence of use and potential harm to humans, and urged WHO and UNODC to draw on these criteria and the recommendations of the expert consultation in their work. The importance of enhancing cooperation on data collection between UNODC and WHO was mentioned as well.

9. The key roles of the Commission and WHO in the scheduling process were highlighted, as was the need for Member States to take greater responsibility in sharing data required during the scheduling process. A proposal was made for the Commission to consider matters related to the change in the scope of substances at its reconvened sessions and for WHO to schedule the meetings of the Expert Committee on Drug Dependence in a manner that would allow sufficient time for Member States to consider its scheduling recommendations prior to the regular sessions of the Commission.

10. Several speakers welcomed the collaboration between UNODC and WHO on scheduling issues and the sharing of information and recognized the value of the UNODC early warning advisory for this purpose. One speaker encouraged the early warning advisory to include the collection of health-related data on new psychoactive substances, such as harm to humans and prevalence of use. The continued sharing of information and cooperation among UNODC, WHO, the International Narcotics Control Board and other international organizations, as well as Member States, was encouraged by several speakers. The need for improved capacity-building across the law enforcement and public health sectors to prevent diversion and improve availability was also mentioned.

2. Changes in the scope of control of substances

(a) Consideration of a proposal from the United Kingdom of Great Britain and Northern Ireland to place mephedrone (4-methylmethcathinone) in Schedule II of the 1971 Convention

11. The representative of the United Kingdom introduced its proposal to place mephedrone in Schedule II of the Convention on Psychotropic Substances of 1971 and noted that it was one of the most harmful and persistent new psychoactive substances. He noted that mephedrone had been associated with numerous deaths and other incidents harming public health around the world, that it had no recognized medical or scientific use and that trafficking of mephedrone funded organized crime. The representative also stressed his Government's continued support for an evidence-based scheduling system.

12. The observer for WHO informed the Commission that mephedrone had not been previously pre-reviewed or critically reviewed and that a critical review had been proposed based on information brought to the attention of WHO showing that mephedrone was clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use, as well as in view of the notification by the Government of the United Kingdom dated 23 January 2014. He noted that the Expert Committee on Drug Dependence considered that the degree of risk to public health and society associated with mephedrone's liability to abuse was substantial, while its therapeutic usefulness had been assessed to be nil, and recommended that mephedrone be placed in Schedule II of the 1971 Convention.

13. Speakers expressed support for the placement of mephedrone under international control. Speakers described national measures that had been put in place in their countries to control mephedrone, including in the spirit of shared responsibility for addressing the world drug problem, in view of its potential for abuse.

(b) Consideration of a proposal from China to place ketamine in Schedule IV of the 1971 Convention

14. The representative of China introduced a proposal to place ketamine in Schedule IV of the 1971 Convention, in view of the notification transmitted to the Secretary-General on 8 March 2014 to place ketamine in Schedule I of that Convention. The representative mentioned that there had been growing abuse and illicit manufacture of ketamine in some countries, which harmed public health and social well-being. He noted that both developed and developing countries had introduced national control and that Member States had expressed, at previous sessions of the Commission, serious concerns regarding the manufacture and trafficking of ketamine, while UNODC and the International Narcotics Control Board, in their reports, had drawn the attention of the international community to this issue. The representative noted that, further to the consideration of information that had become available in the meantime, China had submitted on 12 March 2015 an amended proposal for ketamine to be placed in Schedule IV of the 1971 Convention, in order to ensure a balanced approach and avoid unduly affecting its availability for medical purposes, especially in developing countries, while preventing its abuse. In view of reservations that had been voiced by a number of States, China proposed that the Commission postpone the consideration of the proposal in order to allow parties to consider it further and find the broadest consensus. The representative noted that States might wish to gather more information and study trends relating to ketamine for further in-depth analysis and assessment.

15. The observer for WHO noted that, following a notification under article 2, paragraph 1, of the 1971 Convention by the Government of China concerning the proposed recommendation for international control of ketamine, the Expert Committee on Drug Dependence had critically reviewed that substance, following its previous critical reviews of ketamine at its 35th and 34th meetings and the pre-review undertaken at its 33rd meeting. The information provided by China in its notification to the Secretary-General had been brought to the Expert Committee's attention. The Expert Committee's assessment was that ketamine "was widely used as an anaesthetic in human and veterinary medicine, and was included in the WHO

Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children, as well as in many national lists of essential medicines". The Expert Committee found that there was "compelling evidence ... about the prominent place of ketamine as an anaesthetic in developing countries and crisis situations". While the Expert Committee acknowledged the concerns raised by some countries and United Nations organizations, it stated that ketamine abuse currently did not appear to pose enough of a public health risk on a global scale to warrant scheduling, and recommended "that ketamine not be placed under international control at this time. Countries with serious abuse problems may decide to introduce or maintain control measures, but should ensure ready access to ketamine for surgery and anaesthesia for human and veterinary care".

16. Many speakers expressed their appreciation to China for proposing the postponement of the consideration of its proposal and noted that they would assist in fully examining this issue, including relevant economic, social, legal, administrative and other factors, and in gaining a more complete understanding of the possible implications of scheduling of ketamine. It was noted that it would be useful to receive further information from WHO and from all concerned countries and stakeholders in this regard. The status of ketamine as one of the substances classified as essential by WHO and its widespread use as an anaesthetic in developing countries were mentioned by many speakers.

17. A number of speakers expressed support for placing ketamine under international control, in view of its abuse and trafficking. Speakers described national measures that had been put in place in their countries to control ketamine.

(c) Consideration of a proposal from the World Health Organization to place AH-7921 in Schedule I of the 1961 Convention

18. The observer for WHO informed the Commission that AH-7921 had not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO indicating that AH-7921 is clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party. Preliminary data collected from literature and various countries indicated that this substance could cause substantial harm and that it had no medical use. AH-7921 was an opioid with morphine-like effects. The Committee considered that the degree of risk to public health and society associated with its liability to abuse, as well as additional evidence, warranted its placement under international control. The Committee recommended that AH-7921 be placed in Schedule I of the Single Convention on Narcotic Drugs (1961), as amended by the 1972 Protocol.

19. One observer noted that more information was required regarding the countries and regions where AH-7921 was a concern.

(d) Consideration of a proposal from the World Health Organization to place *gamma*-butyrolactone (GBL) and 1,4-butanediol in Schedule I of the 1971 Convention

20. The observer for WHO informed the Commission that during the discussion of *gamma*-hydroxybutyric acid (GHB) and 1,4-butanediol at the 34th meeting of the WHO Expert Committee on Drug Dependence, the Committee had noted

information relating to the abuse of *gamma*-butyrolactone (GBL) and 1,4-butanediol (convertible to GHB in the body) and suggested those substances for pre-review. Based on the evidence presented in the pre-review of GBL and 1,4-butanediol during its 35th meeting, given its close association with GHB, and the recommendation made by the Committee to reschedule GHB from Schedule IV to Schedule II of the 1971 Convention, the Committee had recommended that a critical review of GBL and 1,4-butanediol be undertaken. The Committee considered that the degree of risk to public health and society associated with the liability to abuse of GBL and 1,4-butanediol was especially serious. While the Committee recognized widespread and important industrial uses, it had no defined therapeutic usefulness. The Committee considered that the evidence of the abuse of the substances warranted their placement under international control in Schedule I of the 1971 Convention.

21. Several speakers noted that both GBL and 1,4-butanediol had widespread industrial uses, that there were no equivalent substances to replace them and that placing them under international control would have a significant and unacceptable impact on trade and industry, such as the automotive and electronic industries. These substances were also used, inter alia, in the pharmaceutical, chemical and high-technology industries, aerospace and transport, as well as in the production of polymers and plastics.

(e) Consideration of a proposal from the World Health Organization to place 25B-NBOMe (2C-B-NBOMe), 25C-NBOMe (2C-C-NBOMe) and 25I-NBOMe (2C-I-NBOMe) in Schedule I of the 1971 Convention

22. The observer for WHO informed the Commission that 25B-NBOMe (2C-B-NBOMe), 25C-NBOMe (2C-C-NBOMe) and 25I-NBOMe (2C-I-NBOMe) had not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO indicating that 25B-NBOMe (2C-B-NBOMe), 25C-NBOMe (2C-C-NBOMe) and 25I-NBOMe (2C-I-NBOMe) were clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party. Preliminary data collected from literature and various countries indicated that this substance could cause substantial harm and that it had no medical use. The Committee had noted the challenges associated with the evidence base concerning the substances. The Committee considered that the degree of risk to public health and society associated with the liability to abuse of 25B-NBOMe (2C-B-NBOMe), 25C-NBOMe (2C-C-NBOMe) and 25I-NBOMe (2C-I-NBOMe) was especially serious. While the Committee noted their use in medical research, they had no recorded therapeutic use. The Committee considered that the evidence of abuse warranted their placement under international control and recommended that 25B-NBOMe (2C-B-NBOMe), 25C-NBOMe (2C-C-NBOMe) and 25I-NBOMe (2C-I-NBOMe) be placed in Schedule I of the 1971 Convention.

(f) Consideration of a proposal from the World Health Organization to place *N*-benzylpiperazine (BZP) in Schedule II of the 1971 Convention

23. The observer for WHO informed the Commission that *N*-benzylpiperazine (BZP) had been pre-reviewed at the 35th meeting of the Expert Committee on Drug Dependence and, based on its reported psychostimulant effects, evidence of its

abuse and adverse effects, the Expert Committee had concluded that a critical review was warranted. BZP had been shown to have effects similar to amphetamine. The Committee had considered that the degree of risk to public health and society associated with the liability to abuse of BZP was substantial. It had been assessed to have little therapeutic usefulness, as it was not currently licensed for use. The Committee had considered that the evidence of its abuse warranted its placement under international control. The Committee recommended that BZP be placed in Schedule II of the 1971 Convention.

(g) Consideration of a proposal from the World Health Organization to place JWH-018 in Schedule II of the 1971 Convention

24. The observer for WHO informed the Commission that JWH-018 had not been previously pre-reviewed or critically reviewed. A direct critical review had been proposed based on information brought to the attention of WHO that JWH-018 was clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party. Preliminary data collected from literature and various countries indicated that this substance could cause substantial harm and that it had no medical use. The Committee noted the challenges associated with the evidence base concerning the substance. The Committee noted analytically confirmed cases of non-fatal and fatal intoxications involving JWH-018. The Committee therefore considered that the degree of risk to public health associated with the liability to abuse of JWH-018 was substantial. Its therapeutic usefulness had been assessed to be none. In accordance with the "Guidance on the WHO review of psychoactive substances for international control", more consideration was given to the substantial public health risk than to the lack of therapeutic usefulness. The Committee recommended that JWH-018 be placed under international control in Schedule II of the 1971 Convention.

(h) Consideration of a proposal from the World Health Organization to place AM-2201 in Schedule II of the 1971 Convention

25. The observer for WHO informed the Commission that AM-2201 had not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that AM-2201 was clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party. Preliminary data collected from literature and various countries indicated that this substance could cause substantial harm and that it had no medical use. The Committee noted the challenges associated with the evidence base concerning the substance. The Committee noted analytically confirmed cases of non-fatal and fatal intoxications involving AM-2201. The Committee therefore considered that the degree of risk to public health associated with the liability to abuse of AM-2201 was substantial. Its therapeutic usefulness had been assessed to be nil. In accordance with the "Guidance on the WHO review of psychoactive substances for international control", more consideration was given to the substantial public health risk than to the lack of therapeutic usefulness. The Committee recommended that AM-2201 be placed under international control in Schedule II of the 1971 Convention.

(i) Consideration of a proposal from the World Health Organization to place 3,4-methylenedioxypyrovalerone (MDPV) in Schedule II of the 1971 Convention

26. The observer for WHO informed the Commission that 3,4-methylenedioxypyrovalerone (MDPV) had not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO that MDPV was clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party. Preliminary data collected from literature and various countries indicated that this substance could cause substantial harm and that it had no medical use. The Committee considered that the degree of risk to public health and society associated with the liability to abuse of MDPV was substantial. Its therapeutic usefulness had been assessed to be nil. The Committee considered that the evidence of its abuse warranted its placement under international control. In accordance with the "Guidance on the WHO review of psychoactive substances for international control", more consideration was given to the substantial public health risk than to the lack of therapeutic usefulness. The Committee recommended that MDPV be placed in Schedule II of the 1971 Convention.

(j) Consideration of a proposal from the World Health Organization to place methylone (*beta*-keto-MDMA) in Schedule II of the 1971 Convention

27. The observer for WHO informed the Commission that methylone had not been previously pre-reviewed or critically reviewed. A direct critical review was proposed based on information brought to the attention of WHO indicating that methylone was clandestinely manufactured, of especially serious risk to public health and society, and of no recognized therapeutic use by any party. Preliminary data collected from literature and various countries indicated that this substance could cause substantial harm and that it had no medical use. The Committee considered that the degree of risk to public health and society associated with the abuse liability of methylone was substantial. Its therapeutic usefulness had been assessed to be nil. The Committee considered that the evidence of its abuse warranted its placement under international control. In accordance with the "Guidance on the WHO review of psychoactive substances for international control", more consideration was given to the substantial public health risk than to the lack of therapeutic usefulness. The Committee recommended that methylone be placed in Schedule II of the 1971 Convention.

3. International Narcotics Control Board

28. Many speakers expressed their appreciation for the work carried out by the International Narcotics Control Board and stressed its important role in monitoring the implementation of the international drug control conventions and in preparing two annual reports and other technical publications on narcotic drugs and psychotropic substances.

29. Speakers expressed appreciation for the emphasis given in the thematic chapter of the Board's report for 2014 to the need for a comprehensive, integrated and balanced approach in addressing the world drug problem. They stated that in the lead-up to the special session of the General Assembly to be held in 2016, it was important to encourage States to implement such an approach at the national level, which included devoting attention and resources to demand reduction.

30. A number of speakers expressed support for the Board's call for Member States to implement the provisions of the international drug control conventions, while taking into consideration respect for international human rights obligations. The responsibility of States under the Convention on the Rights of the Child was recalled, in view of the need to protect children from the illicit use of drugs and psychotropic substances, as well as to prevent the use of children in the illicit production and trafficking of such substances. Several speakers reaffirmed their firm opposition to the use of the death penalty in all cases and under all circumstances. Other speakers noted that national sovereignty and territorial integrity should be respected. Several speakers emphasized the importance of bilateral and regional cooperation at the political level among States.

31. Several speakers expressed appreciation for the work of the Board, as well as for its role as global focal point in promoting international communication platforms for monitoring chemical transactions and facilitating intelligence-gathering operations on precursors, such as Project Prism and Project Cohesion. The importance of Pre-Export Notification Online (PEN Online) and the Precursors Incident Communication System (PICS) in the international precursor control regime was also noted. Reference was made to new trends such as the increasing diversion of precursor chemicals by trafficking groups from domestic trade channels rather than from licit international trade and the continuing replacement by traffickers of controlled chemicals with non-scheduled substances in illicit drug production.

32. Reference was also made to Project Ion and the International Import and Export Authorization System, new initiatives launched by the Board to assist Governments in reducing the illicit manufacture, production, shipping and trafficking of scheduled substances.

33. A number of speakers expressed concern regarding the increasing proliferation of new psychoactive substances, which posed a serious threat to public health. The need to raise awareness about the risk of using such substances, as well as of illicit drugs, as part of existing prevention programmes, was stressed.

34. Several speakers highlighted the importance of ensuring the availability of internationally controlled substances for medical and scientific purposes. It was noted that regulatory, attitudinal, knowledge-related, economic and procurement-related issues were some of the factors that had an impact on the supply and demand sides of the world drug problem.

4. International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion

35. The need to address the imbalances in the availability of narcotic drugs and psychotropic substances at the global level, including for pain management and palliative care, was underlined. States were reminded of their obligation under the international drug control conventions to ensure availability while preventing abuse. It was noted that, although progress had been made, much remained to be done, particularly in terms of access in low- and middle-income countries.

36. It was mentioned there had also been an increase in the abuse of prescription drugs, including in the case of narcotics, and an increase in related overdose deaths.

37. It was noted that reliable qualitative and quantitative data on manufacture, trade and consumption of psychotropic substances was the best mechanism for determining estimates and monitoring the availability of these substances for medical and scientific purposes.

38. The importance of regional and international cooperation in ensuring the security of the supply of narcotic drugs and psychotropic substances for medical and scientific purposes was underlined.

39. The progress made through the joint global programme implemented by UNODC, WHO and the Union for International Cancer Control in assisting countries to address the barriers related to access was welcomed.

5. Other matters arising from the international drug control treaties

40. At its 11th meeting, on 13 March 2015, the Commission considered agenda item 6 (e), entitled "Other matters arising from the international drug control treaties". No issues were raised under the item.

B. Action taken by the Commission

41. At its 10th meeting, on 13 March 2015, the Commission on Narcotic Drugs decided by 47 votes to none, with 1 abstention, to include mephedrone in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

42. At the same meeting, the Commission decided by consensus to postpone the consideration of the recommendation to place ketamine in Schedule IV of the 1971 Convention and to request additional information from WHO and other relevant sources.

43. At the same meeting, the Commission decided, to include AH-7921 in Schedule I of the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol.

44. At the same meeting, the Commission decided by consensus not to act on the proposed inclusion of *gamma*-butyrolactone (GBL) in Schedule I of the 1971 Convention.

45. At the same meeting, the Commission decided by consensus not to act on the proposed inclusion of 1,4-butanediol in Schedule I of the 1971 Convention.

46. At the same meeting, the Commission decided by 46 votes to 1, with 1 abstention, to include 25B-NBOMe (2C-B-NBOMe) in Schedule I of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

47. At the same meeting, the Commission decided by 46 votes to 1, with 1 abstention, to include 25C-NBOMe (2C-C-NBOMe) in Schedule I of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

48. At the same meeting, the Commission decided by 47 votes to 1 to include 25I-NBOMe (2C-I-NBOMe) in Schedule I of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

49. At the same meeting, the Commission decided by 48 votes to 1 to include *N*-benzylpiperazine (BZP) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

50. At the same meeting, the Commission decided by 48 votes to 1, with 1 abstention, to include JWH-018 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

51. At the same meeting, the Commission decided by 48 votes to 1 to include AM-2201 in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

52. At the same meeting, the Commission decided by 48 votes to 1 to include 3,4-methylenedioxypyrovalerone (MDPV) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

53. At the same meeting, the Commission decided by 49 votes to 1 to include methylone (*beta*-keto-MDMA) in Schedule II of the 1971 Convention. (For the text of the decision, see chap. I, sect. C, decision [...].)

54. Upon the adoption of the decisions on the scheduling of 25B-NBOMe, 25C-NBOMe, 25I-NBOMe, *N*-benzylpiperazine (BZP), JWH-018, AM-2201, 3,4-methylenedioxypyrovalerone (MDPV) and methylone (*beta*-keto-MDMA), the representative of Austria noted the Austrian Government's agreement that effective measures against the increasingly rapid emergence of new psychoactive substances were important, that measures at the national level alone were insufficient and that effective cooperation and coordination between all States was essential. At the same time, in view of the specificity of the phenomenon of new psychoactive substances, Austria considered that it was preferable to develop new, tailor-made instruments and mechanisms and that producers and dealers must be hindered from easily and rapidly replacing a substance as soon as it was displaced from the consumer market by another substance. The continuous production of new variations of new psychoactive substances needed to be stopped by addressing the problem at its roots. Austria had adopted a New Psychoactive Substances Act under which it pursued a broad generic approach and criminal proceedings against the supplier's side only. The Act not only covered individually defined substances, but also authorized the Federal Ministry of Health to define classes of chemical substances if that approach seemed more suitable than specifying individual new psychoactive substances in order to prevent their distribution and their possible health hazards for consumers. The Act did not cover mere possession in order not to jeopardize open access for consumers, which is highly important in terms of prevention and harm reduction; from the beginning of the pretrial stage of criminal proceedings, it targeted the supplier's side. The criminal sanctions thus focused on the production of new psychoactive substances and their distribution in the consumer market, but the law did not affect any possible legitimate use in industry. Moreover, the selection of one or another individual substance from broadly defined groups of chemical substances that were subject to the Act, and their subjection to the Austrian Narcotic and Psychotropic Substances Law instead, while all the other analogues continued to be dealt with under the Act, would lead to highly irregular results in court cases, which would not be in line with the constitutional principles of Austria. Austria therefore reserved its decision on whether to schedule a new psychoactive substance under its national Narcotic and Psychotropic Substances Law, through

which it was implementing the three international drug control conventions, or whether to deal with it under the New Psychoactive Substances Act. Although Austria was not in a position to deal with new psychoactive substances precisely as set out in the conventions, their production for and their availability on the consumer market were being criminalized. The representative of Austria reiterated the Austrian Government's readiness to cooperate with the international community on the basis described above.

55. Upon the adoption of the decisions on the scheduling of JWH-018, AM-2201, 3,4-methylenedioxypyrovalerone (MDPV), methylone (*beta*-keto-MDMA) and mephedrone, the representative of France noted that her Government would have preferred for those substances to be placed under Schedule I of the 1971 Convention. Regarding *gamma*-butyrolactone (GBL) and 1,4 butanediol, the representative of France stated that, although her Government had not supported their inclusion in Schedule I of the 1971 Convention, those substances presented a proven risk to public health and other measures should be taken to control them.